



Corporation Statement of Non-Expenditure of Funds

For Corporations that have not incurred any political expenditures

Name of Corporation Utah Medical Association			Phone Number	
Street Address 310 East 4500 South	Suite/Apartment/PO Box: Suite 500	City Salt Lake City	State UT	Zip 84107-4250

Type of Report (Check the appropriate box)

INTERIM REPORTS:

☐ August 31st

☐ Seven days before a General Election

YEAR-END REPORT:

☒ January 10th of every year

☐ Yes

☒ No

Is this report an amendment?

No Expenditures

Report Verification

I, _____

Print Name of Treasurer or Financial Officer

affirm that I have **incurred no expenditures**
for political purposes during this reporting period.

Signature of Treasurer or Financial Officer

1/14/2009

Date

To File this Form

Mail or deliver to
Lieutenant Governor's Office
Utah State Capitol, Suite 220
Salt Lake City, UT 84114-2325
(801) 538 - 1133

For More Information

Contact the Lieutenant Governor's Office
(801) 538 - 1041
1-800-995-VOTE(8683)
elections@utah.gov

For Office Use Only

☒ Entered _____

☐ Copied _____

Date Received